

**Land Surveyor
Form 4**

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Report of Professional Experience

Applicant Instructions

If you have completed experience required for licensure, complete this form (make a copy for your records) and return both pages of it with your Form 1 to the address at the end of this form. Be sure to sign and date item 6. If your endorser is/was not your immediate supervisor, refer to "Instructions For Completing Professional Experience Forms". Please type or print legibly. This form may be copied as needed.

1 Social Security Number
(Leave this blank if you do not have a U.S. Social Security Number)

2 Birth Date Month Day Year

3 Print Name as It Appears on Your Application for Licensure (Form 1)

Last
First
Middle

4 Mailing Address (You must notify the Department promptly of any address or name changes.)

Line 1
Line 2
Line 3
City
State Zip Code
Country/
Province

5 Telephone/E-mail Address

Daytime phone
Area Code Phone

E-mail Address (please print clearly)

6 Attestation

I hereby certify that the work experience described on this form and the time claimed for that experience are true and accurate.

Applicant's Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print name: _____

Professional Experience

List below all places of employment in chronological order beginning with your first employment for which experience is being claimed. Attach a separate sheet if needed. You must submit a Form 4A for every employer listed below. Your application will not be reviewed by the Board until a Form 4A for every employer listed has been received.

Endorser Number	Firm Name	Name of Endorser	Experience for Endorser		Experience Time Claimed (Yrs/Mos)
			From (mm/dd/yy)	To (mm/dd/yy)	
1			___ / ___ / ___	___ / ___ / ___	___ / ___
2			___ / ___ / ___	___ / ___ / ___	___ / ___
3			___ / ___ / ___	___ / ___ / ___	___ / ___
4			___ / ___ / ___	___ / ___ / ___	___ / ___
5			___ / ___ / ___	___ / ___ / ___	___ / ___
6			___ / ___ / ___	___ / ___ / ___	___ / ___
7			___ / ___ / ___	___ / ___ / ___	___ / ___
8			___ / ___ / ___	___ / ___ / ___	___ / ___
9			___ / ___ / ___	___ / ___ / ___	___ / ___
10			___ / ___ / ___	___ / ___ / ___	___ / ___

Total Experience Time Claimed: _____ / _____
 (Note: Total time claimed cannot exceed calendar time)

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Land Surveying Unit, 89 Washington Avenue, Albany, NY 12234-1000.